

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Business Compliance Division

BWP AQ 10

Operating Permit Minor Modification

Transmittal Number

SSEIS Number

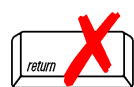
FMF Number

SIC Code(s)

A. Facility Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - the site or works at which the regulated activity occurs:

Name

Street Address

City

State

Zip Code

2. Mailing address:

Street/PO Box:

e-mail address (optional)

City

State

Zip

Telephone Number

Facility Contact Person:

Contact person's title

3. Answer the following questions to complete this application:

Is this a change to Fuel Utilization Emissions and/or Equipment?

☐ No. Proceed to next question.

☐ Yes. Proceed to Section B "Fuel Utilization Emissions and/or Equipment Changes."

Is this a change to Non-Fuel Utilization Emissions and/or Equipment only?

☐ No. Proceed to next question.

☐ Yes. Proceed to Section C "Non-Fuel Emissions and/or Equipment"

Is this a change to Record Keeping, Reporting, and/or Monitoring only?

☐ No. Proceed to Section B or Section C, as determined previously.

☐ Yes. Proceed to Section D "Recordkeeping, Monitoring, Reporting Changes."

B. Fuel Utilization Emissions and/or Equipment Changes

1. Is the proposed project modifying previously approved equipment?

☐ No. Proceed to B2

☐ Complete the following. Use additional pages as necessary:



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B. Fuel Utilization Emissions and/or Equipment Changes (Cont.)

Emission Unit #	Application Number	Approval Date

2. Give a brief description of what is being done:

3. Description of New or Modified Fuel Utilization Facility:

Make & Model Number of Boiler or Furnace †	Is boiler or Furnace New (N) or Modified (M)	Make & Model Number of Burners(s) ††	Max Burner Firing Rate [Give Units]
Unit 1	<input type="checkbox"/> N <input type="checkbox"/> M		
Unit 2	<input type="checkbox"/> N <input type="checkbox"/> M		
Unit 3	<input type="checkbox"/> N <input type="checkbox"/> M		

† If undetermined at time of application submittal, indicate probable unit "or equivalent". Specific make and model must be provided prior to final approval.

†† Rotary cup burners using natural draft are not allowable.

Max Energy Input Rating* (btu per hour)	Primary Fuel of Use	Max % Sulfur Primary Fuel**	Back-up Fuel of Use	Max % of Sulfur Back-up Fuel	Stack/Vent Name / Number	Stack Height (feet)	Stack Hgt. Above Roof (ft.)
Unit 1							
Unit 2							
Unit 3							

* To be calculated by multiplying maximum burner firing rate by the following higher heating values: 1000 Btu/ft³ of natural gas; 140,000 Btu/gal of distillate oil; 142,000 Btu/gal of 0.5% sulfur oil; 147,000 Btu/gal of 1.0% sulfur oil; and 120,000 Btu/gal of used oil fuel.

** See Regulation 310 CMR 7.05 for Department restrictions on the sulfur contents of various oil fuels.



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C. Non-Fuel Emissions and/or Equipment Changes

1. Is the proposed project modifying previously approved equipment?

☐ No. Proceed to C2.

☐ Yes. Complete the following. Use additional pages as necessary:

Emission Unit #	Application Number	Approval Date
Manufacturer of affected process equipment*		Estimated Maximum
Model number*		Hour/Day
Estimated Installation Date		Days/Week
Normal Hourly Production Rate (as % Maximum Hourly Production Rate)		Weeks/Year

2. Give a brief description of what is being done:

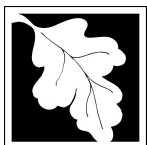
3. Air Pollution Control Equipment

Type of Air Pollution Control Equipment

Make* Model Number*

Brief Description

* If undetermined at time of application, indicate probable unit "or equivalent". Specific make and model must be provided prior to final approval.



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D. Record Keeping, Monitoring, Reporting Changes

1. Is the proposed project modifying previously approved equipment?

☐ No. Proceed to D2

☐ Yes. Complete the following. Use additional pages as necessary:

Emission Unit #

Application Number

Approval Date

2. General description of record keeping, monitoring, and/or reporting changes:

E. Potential Annual Emissions

POTENTIAL EMISSIONS are calculated from the maximum capacity of the equipment to emit a pollutant under its physical and operational design. Any physical or operational limitation on the capacity of the equipment to emit a pollutant, including air pollution control equipment, restriction on hours of operation, or on the type or amount of material combusted, stored or processed, shall be treated as part of its design only if the limitation is specifically stated in a plan approval(s) or if the facility proposes to incorporate such a restriction into this modification. Fugitive emissions, to the extent quantifiable, are included in determining the potential emissions. Unless otherwise documented, potential emissions shall be based on 8,760 hours per year of source operation.

Provide the potential emissions for each pollutant in this section and show calculations, assumptions and restrictions used in section E.



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Description of air contamination source	Description of control equipment	Control Efficiency (percent by weight)	Tons per year (after control) Particulate	Tons per year (after control) SO _x	Tons per year (after control) NO _x
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
Total potential annual emissions after control	_____	_____	_____	_____	_____

	Tons per year (after control) VOC	Tons per year (after control) HOC	Tons per year (after control) Lead	Tons per year (after control) other pollutants (give chemical name)	Stack or Vent Number New (N) or Modified (M)
1. (continued)	_____	_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> M
2. (continued)	_____	_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> M
3. (continued)	_____	_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> M
4. (continued)	_____	_____	_____	_____	<input type="checkbox"/> N <input type="checkbox"/> M
Total potential annual emissions after control	_____	_____	_____	_____	

5. Detailed Emission Calculations

Use the space provided below to show the assumptions and the arithmetic used to calculate the Potential Annual Emissions you have estimated for this facility, and how the increase of less than five tons/year was calculated. (Attach separate sheets if necessary.)

6. New Applicable Requirements Upon Approval of Modification(s):

Regulation	Reason
_____	_____



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6. New Applicable Requirements Upon Approval of Modification(s) (Continued):

Regulation	Reason

F. Suggested Draft Operating Permit

Any changes to the SOMP should be attached.
Copy and use additional pages if necessary.
Table numbers match your Operating Permit.

Proposed Emission Unit Identification: Table 1

EU	Del.	Mod	Description of Emission Unit	EU Design Capacity	Pollution Control Device



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Proposed Emission Limits and Restrictions: Table 3

EU	Del.	Mod	Fuel	Pollutant	Restriction	Emission Limit / Standard	Regulation and/or Approval No.

Proposed Monitoring and Testing Requirements: Table 4.

EU	Del.	Mod	Monitoring/Testing Requirement



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Proposed Record Keeping Requirements: Table 5			
EU	Del.	Mod	Record Keeping Requirement

Proposed Reporting Requirements: Table 6.			
EU	Del.	Mod	Reporting Requirement



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Proposed Requirements Currently Not Applicable: Table 7.

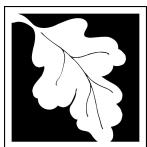
Regulation	Description

Proposed Special Terms and Conditions

EU	Del.	Mod	Term or Condition

Proposed Alternative Operating Scenarios

EU	Del.	Mod	Scenario



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Proposed Emissions Trading

EU	Del.	Mod	Emission Trading

G. Certification

The following statements must be signed by a responsible official:

Pursuant to 310 CMR 7.00: Appendix C(5)(b)(9)(e), "I hereby accept the Department's authority to enter the premises of the permitted facility and perform reasonable inspections and sampling, as described in 310 CMR 7.00: Appendix C(3)(g)."

Name of Official

Signature

Date

Pursuant to 310 CMR 7.00: Appendix C(5)(b)8.c, I state that "Except for those units identified as not in compliance and for which a schedule is attached, I certify that the facility will continue to comply with all current applicable requirements and will meet the requirements for applicable requirements that will become effective during the term of this permit on a timely basis."

Name of Official

Signature

Date

Pursuant to 310 CMR 7.01(2)(c) "I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Name of Official

Signature

Date